

# Patient Screening Questionnaire (PSQ)

First Name

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Last Name

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Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date

M	M			D	D			Y	Y	Y	Y								

Shade circles like this: .....●○○○

Not like this: .....⊗⊗⊗⊗

Print carefully within rectangles like this:

Example

No,  
never

Yes, but  
not in the  
last year

Yes, in the  
last year

1. a. Has there been a time when for most of the day, every day for at least two weeks, you felt down, depressed, hopeless, or blue?

☐ ☐ ☐

b. Has there been a time when for most of the day, every day for at least two weeks, you felt little interest or pleasure in doing things that you normally enjoy?

☐ ☐ ☐

c. Have you been told by a doctor, nurse, or other health care professional that you had major (or clinical) depression?

☐ ☐ ☐

d. Have you been prescribed an anti-depressant medication

[such as Prozac (fluoxetine), Celexa (citalopram), Paxil (paroxetine), Zoloft (sertraline), Effexor (venlafaxine), Serzone (nefazodone), Elavil (amitriptyline), Tofranil (imipramine), nortriptyline, desipramine, etc]?

☐ ☐ ☐

IF YES: Did the medication help?

☐ No ☐ Yes

2. a. Have you been told by a doctor, nurse, or other health care professional that you had manic-depression or bipolar disorder?

☐ ☐ ☐

b. Have you been prescribed a mood-stabilizing medication

[such as lithium, Tegretol (carbamazepine), or Depakote (divalproex)]?

☐ ☐ ☐

IF YES: Did the medication help?

☐ No ☐ Yes

3. a. Has there been a time, lasting at least a month, when you were bothered by memories, dreams, or flashbacks of a traumatic event, or went out of your way to avoid reminders of the event?

☐ ☐ ☐

b. Have you been told by a doctor, nurse, or other health care professional that you have post-traumatic stress disorder (PTSD)?

☐ ☐ ☐

4. a. Have you been told by a doctor, nurse, or other health care professional that you had schizophrenia, schizoaffective disorder, or a psychotic episode?

☐ ☐ ☐

b. Have you been prescribed an anti-psychotic medication

[such as Risperdal (risperidone), Zyprexa (olanzapine), Seroquel (quetiapine), Geodon (ziprasidone), Haldol (haloperidol), Thorazine (chlorpromazine), etc]?

☐ ☐ ☐

IF YES: Did the medication help?

☐ No ☐ Yes

Please turn the sheet over and continue →

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5. Have you been hospitalized for treatment of psychiatric or emotional problems? ☐ Never ☐ In past ☐ In last year

6. a. Please select one of the following that best describes your tobacco use:

☐  
I currently smoke  
or chew tobacco

☐  
I used to smoke or  
chew tobacco and quit in:  
  /      
M M Y Y Y Y

☐  
I have never smoked  
or chewed tobacco

☐  
I would prefer  
not to answer

b. We advise quitting or reducing tobacco use and there are services available at the VA to help (smoking cessation classes, the patch, medications, etc.). Would you like to be referred to services to help you quit using tobacco? ☐ Yes ☐ No

7. a. Do you **currently** drink alcohol at all? ☐ Yes ☐ No

b. Have you felt that you might have an alcohol problem, been diagnosed with an alcohol problem, or been in detox, hospitalized, or otherwise treated for an alcohol problem? ☐ Never ☐ In past ☐ In last year

c. In the **past year**, how often did you have a drink containing alcohol?

☐  
Never

☐  
Monthly  
or less

☐  
2 to 4  
times a month

☐  
2 to 3  
times a week

☐  
4 or more  
times a week

d. In the past year, how many drinks containing alcohol did you have on a typical day when you were drinking?

☐  
0 - don't drink

☐  
1 to 2

☐  
3 to 4

☐  
5 to 6

☐  
7 to 9

☐  
10 or more

e. In the past year, how often did you have six or more drinks on one occasion?

☐  
Never

☐  
Less than  
monthly

☐  
Monthly

☐  
Weekly

☐  
Daily or  
almost daily

f. What was the approximate date of your last alcohol use?

/      
M M Y Y Y Y

8. a. Do you currently use **recreational, nonprescribed** drugs at all? ☐ Yes ☐ No

b. Have you felt that you might have a drug problem, been diagnosed with a drug problem, or been in detox, hospitalized or otherwise treated for a drug problem? ☐ Never ☐ In past ☐ In last year

c. Please list below the **recreational, nonprescribed** drug or drugs that you have used most:

9. Are you interested in receiving information about the monthly hepatitis C support groups for veterans and their loved ones? ☐ Yes ☐ No

10. We have services available for mental health, alcohol and drug problems. Would you like us to call you to see if these services might help you? ☐ Yes ☐ No

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